





# Great News for 2017

## No Increases to Your Health Plan Premiums!

Thank you, LANL retirees. Your efforts as informed health care consumers have paid off again. Across the nation, health plan premiums were predicted to increase 5 to 8 percent, but at Los Alamos National Laboratory—for the second year in a row—there will be **no health plan premium increases**.

## New: Coverage for Older Children

Beginning Jan. 1, 2017, eligible dependent children up to age 26 are now eligible for enrollment in medical, dental, vision, and legal insurance regardless of the dependents' marital status. If their coverage ended because they were over the eligible age, you can now add them to your coverage if they are still under age 26.

## Open Enrollment Process

Empyrean Benefit Solutions will send you a personal enrollment worksheet with details on how to enroll, cancel, or change your benefit elections. You can then log onto [www.LANLBenefits.com](http://www.LANLBenefits.com) to make your elections, or you can make your elections by calling the Empyrean Customer Care Center for LANL at **1-844-805-0002**. If you do not receive your personal enrollment worksheet by Oct. 31, please contact the Empyrean Customer Care Center.

## Enrollment starts Oct. 31 and ends Nov. 15.

All your Open Enrollment transactions must be completed by 5 p.m. MST on Tuesday, Nov. 15, 2016.



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# Getting Started

## Want to make a change?

During this year's Open Enrollment, you will have an opportunity to make changes to your existing coverage. If you do not want to change any of your elections, you do not need to do anything. If you do nothing, your coverage will carry over to the next year unchanged.

This is your chance to add or drop coverage in any of the following plans:

- Medical (you can change from one plan to another)
- Dental
- Vision
- Legal

You can add or delete eligible dependents as well. When adding a new dependent, you will need to provide documentation (e.g., marriage license, birth certification, proof of birth, adoption, and/or tax documents) to validate eligibility. All changes made during Open Enrollment will go into effect on Jan. 1, 2017.

## Not sure what to do?

Decision Support Tools are available (for non-Medicare retirees) to help you choose. LANL provides two online tools, the DecisionDirect tool and the Medical Expense Estimator, to help you choose the best medical plan for you. The DecisionDirect tool will help you choose a plan based on your projected health care needs. Use the Medical Expense Estimator to compare your projected medical expense under each plan option. You can access these tools on the **Empyrean Benefit Solutions website for LANL** at [www.LANLBenefits.com](http://www.LANLBenefits.com).

## Plan Summaries Available

For a comprehensive look at all the benefit options that are available to you and links to the Summary Plan Descriptions and benefit booklets, please contact the **Empyrean Customer Care Center for LANL** at 1-844-805-0002 or visit [www.LANLBenefits.com](http://www.LANLBenefits.com).

**Changes made during Open Enrollment are effective Jan. 1, 2017**

# Important Reminders

## Enroll in Direct Debit/Deposit

This is the time of year to review your payment options. LANL strongly encourages retirees to set up direct deposit or direct debit for all premiums. This will ensure that you are never late making a premium payment, which can lead to cancellation of coverage, and will save you a trip to the bank or post office every month! **Contact Empyrean at 1-844-805-0002** to establish or change your direct debit or deposit.

## Confirmation Statements

After either going online to [www.LANLBenefits.com](http://www.LANLBenefits.com) or calling Empyrean at **1-844-805-0002** and making your elections for 2017, you will receive a confirmation statement from Empyrean showing the elections you made. Review the confirmation statement immediately and notify Empyrean if there are any issues.

## Medicare Reminder

LANL requires that if you and/or your eligible dependent(s) are eligible to enroll in Medicare that you enroll in Parts A and B as soon as you are eligible. If you enroll in Part B and then later cancel that enrollment, you will no longer be eligible for coverage under the LANL Retiree Medical Plans. Reinstatement will not be available.

## Medicare Part B Reimbursement

If you are enrolled in a Medicare coordinated plan, you will receive a monthly Medicare Part B Reimbursement of \$96.40 that will be applied toward your medical, dental, and/or vision premiums, (if applicable) for up to three eligible participants.

## Qualified Life Events

You may be able to change your benefit elections outside of Open Enrollment if you experience a qualified life event (e.g., marriage, birth, adoption, death). You must report the qualifying event to Empyrean Benefit Solutions **within 31 calendar days** of its occurrence. For example, if you are married on May 1, you must report the event and make any changes within 31 calendar days of that date (June 1). For additional information, please see the "LANS Health and Welfare Benefit Plan for Retirees Summary Plan Description" on the Empyrean Benefit Solutions website at [www.LANLBenefits.com](http://www.LANLBenefits.com).

## Social Security Numbers for Dependents

The Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers to report Social Security numbers in order for Medicare to coordinate payments with other insurance benefits. That means LANL must furnish the Social Security numbers of retirees and their dependents who are subscribers to a LANL group health plan arrangement. Please make sure your information is up-to-date with the Benefits Office, including dependents' Social Security numbers.

# Medical Plan Choices for Retirees with Medicare

If you are a retiree with Medicare, you can choose from the following Medicare Coordinated Plans:

- Preferred Provider Organization (PPO)
- Exclusive Provider Organization (EPO)
- Medicare Supplement Plan



You can access more details of these plans through the **Empyrean Customer Care Center for LANL** at 1-844-805-0002 or visit [www.LANLBenefits.com](http://www.LANLBenefits.com).

	PPO In-Network	PPO Out-of- Network	EPO In-Network	Medicare Supplement Plan
<b>Annual Deductible</b>	\$250 Single \$750 Family	\$500 Single \$1,500 Family	\$150 Single \$450 Family	\$0 Single \$0 Family
<b>Out of Pocket Max (OOP) (includes deductible)</b>	\$3,000 Single \$9,000 Family	\$6,000 Single \$18,000 Family	\$2,000 Single \$6,000 Family	No Out-of-Pocket Limit for medical expenses
<b>Coinsurance</b>	10% after deductible	40% after deductible	10% after deductible	100% Covered
<b>Office Visits (Medicare pays first)</b>	\$20 Co-pay	40% after deductible	\$20 Co-pay	100% Covered
<b>Preventive Care</b>	100% Covered	40% after deductible	100% Covered	100% Covered
<b>Prescription Drugs</b>	Retail: \$15/\$30/\$45* Mail Order (90-day supply): \$30/\$60/\$90*		Retail: \$15/\$30/\$45* Mail Order (90-day supply): \$30/\$60/\$90*	Retail: \$15/\$30/\$45* Mail Order (90-day supply): \$30/\$60/\$90*
<b>Urgent Care</b>	\$20 Co-pay	40% after deductible	\$20 Co-pay	100% Covered
<b>ER Facility Charges</b>	\$75/visit (deductible waived)		\$75/visit (deductible waived)	100% Covered

*\*If you require a brand-name drug for which there is a generic equivalent, you will pay the difference in cost plus the generic drug copayment. You must use a participating pharmacy.*



# Monthly Premiums

## Monthly Rates for Medicare Coordinated Plans by Plan/Tier and Years of Service

**No premium increase for 2017!**

**You can enroll in one of the following coverage bands:**

**Single** = 1 Adult

**Adult + 1** = Retiree + Spouse/DP or Adult + Children

**Family** = Retiree + Spouse/DP + Children

Years of Service	National PPO			National EPO			Medicare Supplement		
	Single	Adult + 1	Family	Single	Adult + 1	Family	Single	Adult + 1	Family
20	\$84.00	\$177.00	\$256.00	\$80.00	\$143.00	\$214.00	\$86.00	\$180.00	\$266.00
19	\$100.65	\$212.35	\$306.90	\$95.95	\$171.50	\$256.70	\$102.85	\$215.85	\$319.05
18	\$117.30	\$247.70	\$357.80	\$111.90	\$200.00	\$299.40	\$119.70	\$251.70	\$372.10
17	\$133.95	\$283.05	\$408.70	\$127.85	\$228.50	\$342.10	\$136.55	\$287.50	\$425.15
16	\$150.60	\$318.40	\$459.60	\$143.80	\$257.00	\$384.80	\$153.40	\$323.40	\$478.20
15	\$167.25	\$353.75	\$510.50	\$159.75	\$285.50	\$427.50	\$170.25	\$359.25	\$531.25
14	\$183.90	\$389.10	\$561.40	\$175.70	\$314.00	\$470.20	\$187.10	\$395.10	\$584.30
13	\$200.55	\$424.45	\$612.30	\$191.65	\$342.50	\$512.90	\$203.95	\$430.95	\$637.35
12	\$217.20	\$459.80	\$663.20	\$207.60	\$371.00	\$555.60	\$220.80	\$466.80	\$690.40
11	\$233.85	\$495.15	\$714.10	\$223.55	\$399.50	\$598.30	\$237.65	\$502.65	\$743.45
10	\$250.50	\$530.50	\$765.00	\$239.50	\$428.00	\$641.00	\$254.50	\$538.50	\$796.50
Access Only*	\$501	\$1,061	\$1,530	\$479	\$856	\$1,282	\$509	\$1,077	\$1,593

\* Employees hired on or after June 1, 2006, who have at least 10 years of qualifying service and who are at least age 50, may be eligible for Access Only retiree health care benefits. Access Only means retirees pay 100 percent of their premium (employee and employer portion).

# Medical Plan Choices for Retirees without Medicare

If you are a retiree without Medicare, you have a choice between the following LANS plans:

- Preferred Provider Organization Plan (PPO)
- High Deductible Health Plan (HDHP)

You can access more details of these plans through the **Empyrean Customer Care Center for LANL at 1-844-805-0002** or visit [www.LANLBenefits.com](http://www.LANLBenefits.com).



	PPO In-Network	PPO Out-of-Network	HDHP In-Network
<b>Annual Deductible</b>	\$300 Single \$900 Family	\$500 Single \$1,500 Family	\$1,500 Single \$3,000 Family
<b>Out of Pocket Max (OOP) (includes deductible)</b>	\$3,000 Single \$9,000 Family	\$6,000 Single \$18,000 Family	\$3,000 Single \$6,000 Family
<b>Coinsurance</b>	10% after deductible	40% after deductible	10% after deductible
<b>Office Visits</b>	\$30 Co-pay	40% after deductible	10% after deductible
<b>Preventive Care</b>	100% Covered	40% after deductible	100% Covered
<b>Prescription Drugs</b>	Retail: \$7/\$35/\$55* Mail Order (90-day supply): \$14/\$70/\$110*		20% after deductible*
<b>Urgent Care</b>	\$30 Co-pay	40% after deductible	10% after deductible
<b>ER Facility Charges</b>	\$150/visit (deductible waived)		10% after deductible

*\*If you require a brand-name drug for which there is a generic equivalent, you will pay the difference in cost plus the generic drug copayment. You must use a participating pharmacy.*



# Monthly Premiums

## Monthly Rates for Non-Medicare Plans by Plan/Tier and Years of Service

**No premium increase for 2017!**

**You can enroll in one of the following coverage bands:**

**Single** = 1 Adult

**Adult + 1** = Retiree + Spouse/DP or Adult + Children

**Family** = Retiree + Spouse/DP + Children

Years of Service	HDHP				PPO			
	Single	Adult + Children	Adult + 1	Family	Single	Adult + Children	Adult + 1	Family
20	\$91.00	\$162.00	\$190.00	\$262.00	\$127.00	\$227.00	\$265.00	\$365.00
19	\$117.60	\$210.00	\$246.00	\$339.05	\$153.50	\$274.80	\$320.75	\$441.80
18	\$144.20	\$258.00	\$302.00	\$416.10	\$180.00	\$322.60	\$376.50	\$518.60
17	\$170.80	\$306.00	\$358.00	\$493.15	\$206.50	\$370.40	\$432.25	\$595.40
16	\$197.40	\$354.00	\$414.00	\$570.20	\$233.00	\$418.20	\$488.00	\$672.20
15	\$224.00	\$402.00	\$470.00	\$647.25	\$259.50	\$466.00	\$543.75	\$749.00
14	\$250.60	\$450.00	\$526.00	\$724.30	\$286.00	\$513.80	\$599.50	\$825.80
13	\$277.20	\$498.00	\$582.00	\$801.35	\$312.50	\$561.60	\$655.25	\$902.60
12	\$303.80	\$546.00	\$638.00	\$878.40	\$339.00	\$609.40	\$711.00	\$979.40
11	\$330.40	\$594.00	\$694.00	\$955.45	\$365.50	\$657.20	\$766.75	\$1,056.20
10	\$357.00	\$642.00	\$750.00	\$1032.50	\$392.00	\$705.00	\$822.50	\$1,133.00
Access Only*	\$714.00	\$1,284.00	\$1,500.00	\$2,065.00	\$784.00	\$1,410.00	\$1,645.00	\$2,266.00

\* Employees hired on or after June 1, 2006, who have at least 10 years of qualifying service may be eligible for Access Only retiree health care benefits. Access Only means retirees pay 100 percent of their premium (employee and employer portion).

# Dental Plans

Proper dental care plays an important role in your overall health. The LANL dental plan helps you save on out-of-pocket expenses for covered services.



Plan Features *	In-Network or Non-Network
Annual Deductible	\$50 individual
Annual Maximum	\$1,500 per person
Preventive Care (no deductible)	Covered in full, up to two visits a year
Basic Restoration (extractions, fillings)	80% (in-network) / 75% (out of network) after the deductible
Major Restoration (inlays, crowns)	50% after the deductible
Orthodontic	50%, see Summary Plan Description (SPD) for lifetime maximums

*\*Not a comprehensive list of covered benefits or limitations under the plan.*

## Monthly Dental Rates

Years of Service	Retiree Only	Retiree + Children	Retiree + Spouse/DP	Family
20	-	-	-	-
19	\$2.16	\$4.39	\$4.02	\$7.18
18	\$4.31	\$8.78	\$8.05	\$14.37
17	\$6.47	\$13.17	\$12.07	\$21.55
16	\$8.62	\$17.56	\$16.09	\$28.73
15	\$10.78	\$21.95	\$20.12	\$35.92
14	\$12.93	\$26.34	\$24.14	\$43.10
13	\$15.09	\$30.73	\$28.16	\$50.28
12	\$17.24	\$35.12	\$32.18	\$57.46
11	\$19.40	\$39.51	\$36.21	\$64.65
10	\$21.56	\$43.90	\$40.23	\$71.83

# Vision Plan

LANL offers a comprehensive vision care benefit through a network of providers who offer discounted fees and wholesale prices for routine eye exams, lenses, and frames. If you choose to use a non-network provider, the plan will reimburse you up to the allowable limit for your costs.



## 2017 Monthly Vision Rates

Retiree Only	Retiree + Children	Retiree + Spouse/DP	Family
\$10.53	\$21.28	\$21.07	\$26.34

## Your Coverage with a VSP Doctor\*

Benefit	Description	Copay
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>WellVision Exam every calendar year</li> </ul>	\$10
<b>Prescription Glasses</b>		<b>\$25</b>
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$180 allowance for a wide selection of frames</li> <li>\$200 allowance for featured frame brands</li> <li>20% off amount over your allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>Lens Options</b>	<ul style="list-style-type: none"> <li>Tints/Photochromic adaptive lenses</li> <li>Polycarbonate lenses</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$55 \$95 - \$105 \$150 - \$175
<b>Contact Lenses</b>		
<b>Contacts (instead of exam and glasses)</b>	<ul style="list-style-type: none"> <li>\$180 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60

\* Visit [vsp.com](http://vsp.com) for details regarding reimbursement allowances, if you plan to see a provider other than a VSP network provider

# Legal Plan

LANL offers a legal plan that includes an identity theft package and the services listed below. The plan offers legal representation for civil and criminal issues, estate and financial planning, D.I.Y. legal documents, and access to the ARAG Education Center.

The **identity theft package** includes credit monitoring, internet surveillance, child monitoring, lost wallet support service, identity theft restoration, and up to \$1 million in identity theft insurance. Plan participants must go to the [ARAG Legal Center website](#) to activate their identity theft benefits.



Covered Service*	Network Attorney	Non-Network Attorney
<b>Attorney Office Work</b>		
Durable Power of Attorney	Paid-in-Full	\$70
Simple wills and simple trusts (including Power of Attorney)	Paid-in-Full	\$175
<b>Domestic</b>		
Uncontested divorce (for self use only)	Paid-in-Full	\$525
Contested divorce (for self use only)	Up to 15 hours	\$700
Adoption proceedings	Paid-in-Full	\$420
<b>Defensive</b>		
Criminal misdemeanor defense (except traffic violations)	Paid-in-Full	\$700
Habeas Corpus proceedings	Paid-in-Full	\$420
<b>Consumer Protection</b>		
Consumer protection (except for disputes over real estate/construction matters)	Paid-in-Full	\$350

*\*Not a comprehensive list of covered benefits or limitations under the plan.*

## 2017 Monthly Legal Rates

Retiree Only	Retiree + Children	Retiree + Spouse/DP	Family
\$11.10	\$15.24	\$15.24	\$16.64

# Required Annual Notices

## Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage with LANL and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage.
- All Medicare drug plans provide at least a standard level of coverage set by Medicare.
- Some plans may also offer more coverage for a higher monthly premium.

## Creditable Coverage

The Laboratory has determined that the prescription drug coverage offered by the LANS Health and Welfare Benefit Plan for Retirees is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare—and each year from Oct. 15 to Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month special enrollment period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current LANL coverage will be affected. Those retirees who elect Part D coverage can keep their LANL prescription drug coverage; however, claims settlement will be coordinated with and secondary to Part D Coverage.

# Required Annual Notices

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with LANL and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook.

You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit [www.medicare.gov](http://www.medicare.gov) or call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security at **[www.ssa.gov/medicare/prescriptionhelp](http://www.ssa.gov/medicare/prescriptionhelp)**, or call **1-800-772-1213** (TTY 1-800-325-0778). Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

## The Women's Health and Cancer Rights Act of 1998 (WHCRA) (Benefits for Mastectomy-Related Services)

The medical programs sponsored by LANL will not restrict benefits if you or your dependent receives benefits for a mastectomy and elects breast reconstruction in connection with the mastectomy.



# Required Annual Notices

Benefits will not be restricted provided that the breast reconstruction is performed in a manner determined in consultation with you or your dependent's physician. Procedures may include any of the following:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedema.

Benefits for breast reconstruction will be subject to annual deductibles and coinsurance amounts consistent with benefits for other covered services under the program. For details on any state laws that may apply to your medical program, please refer to the benefit program material for the medical program in which you are enrolled.

## **Newborns' and Mothers' Health Protection Act of 1996**

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than

48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section.

However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

# Required Annual Notices

## Children's Health Insurance Program Reauthorization Act (CHIPRA)

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. Such states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or call **1-877-KIDS-NOW (1-877-543-7669)** or **[www.insurekidsnow.gov](http://www.insurekidsnow.gov)** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

## HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes virtually all individually identifiable health information held by a plan—whether received in writing, in an electronic medium, or as an oral communication. LANS Health and Welfare Benefit Plan for Retirees (the "Plan") provides health benefits to eligible retirees of LANL (the "Company") and their eligible dependents as described in the plan summary. The Plan creates, receives, uses, maintains, and discloses health information about participating retirees and dependents in the course of providing these health benefits.

# Required Annual Notices

The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' PHI, and has done so by providing the Plan participants a notice of privacy practices, which describes the ways that the Plan uses and discloses PHI.

## HIPAA Special Enrollment Rights

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g., change in your marital status, birth or adoption of a child, death of dependent, or change in employment status.) You must enroll and provide the required supporting documentation within 31 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the U.S. Department of Labor at [http://www.dol.gov/ebsa/faqs/faq\\_consumer\\_hipaa.html](http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html).

## Medical Child Support Order (MCSO)

A MCSO is a medical child support order that creates the right of a dependent child to receive benefits for which a participant is eligible under a group health plan. It is a judgment, decree, or order made by a court or agency pursuant to state domestic relations laws.

Only those support orders that are "qualified" need be enforced, and plan administrators and employers are responsible for determining, within a reasonable period of time, whether the child medical support order they have received is qualified.

## National Medical Support Notice (NMSN)

Federal regulations require all states to issue the National Medical Support Notice (NMSN) to employers in child support cases where the court has ordered the parent to provide health insurance coverage for his or her child(ren) through an employment-related plan.

# Required Annual Notices

Effective April 2003, New Mexico also enacted a law requiring the use of the NMSN to enforce certain medical support orders (Section 40-4C, NMSA 1978).

The NMSN is a standardized federal form that was developed using the model of the Federal Income Withholding Form. It is used by all state child support agencies to notify employers that an employee has a court order for medical support obligations. The NMSN requires employers to enroll the employee's child(ren) in the group health plan and withhold the amount of premiums from the employee's paycheck.

## COBRA General Notice

Under the Consolidated Omnibus Budget Reconciliation Act of 1985, or COBRA, LANL retirees and/or their dependents may be eligible to continue health program coverage (called "COBRA coverage") for medical, dental, vision, and health care reimbursement account (HCRA) benefits. Social Security numbers of enrolled retirees and dependents must be furnished to meet the requirements of this law. Please make sure your information is up-to-date with the **Empyrean Benefit Solutions** to include dependents' Social Security numbers. COBRA continuous coverage is available in certain qualifying events where health benefit program coverage would otherwise end.

You may elect to continue coverage at your own expense on an after-tax basis when the coverage that you have through the Plan ends. The coverage may change as permitted or required by changes in any applicable law. See the "LANS Health and Welfare Benefit Plan for Retirees" Summary Plan Description located on the **Empyrean Benefits Solutions** website at [www.LANLBenefits.com](http://www.LANLBenefits.com) under Plan Descriptions. If you do not enroll yourself or a dependent during Open Enrollment, you or your dependents will not be eligible for the COBRA coverage, as this is not a COBRA-qualifying event.

**For plans governed by the Employee Retirement Income Security Act (ERISA), this 2017 Open Enrollment Guidebook for Retirees serves as a summary of material modifications (SMM) to the LANS Health and Welfare Benefit Plan for Retirees. LANS reserves the right to amend or discontinue any benefit plans at any time. If there is a conflict between this guidebook and the terms of the plan document, the plan document governs.**

# Carrier Contact Information

## Empyrean Benefit Solutions

**Website** [www.LANLBenefits.com](http://www.LANLBenefits.com)

**Member Services** 1-844-805-0002

## Blue Cross Blue Shield of New Mexico (BCBSNM)

**Website** <http://www.bcbsnm.com/lanl>

**Member Services** 1-877-878-5265

**Behavioral Health Unit** 1-888-898-0070

**Prescription Drugs** 1-877-357-7463 (Prime Therapeutics [www.myprime.com](http://www.myprime.com))

**Mailing address** P.O. Box 27630, Albuquerque, NM 87125-7630

## Delta Dental of California

**Group Number** 4000

**Website** [www.deltadentalins.com/lanl/](http://www.deltadentalins.com/lanl/)

**Member Services** 1-800-765-6003

**Claims Address** P.O. Box 997330, Sacramento, CA 95899-7330

## Vision Service Plan (VSP)

**Group Number** 12-284390

**Website** [www.vsp.com](http://www.vsp.com)

**Member Services** 1-800-877-7195

**Claims Address** P.O. Box 997105, Sacramento, CA 95899-7105

## ARAG Legal Plan

**Group Number** 14822

**Website** [www.araglegalcenter.com](http://www.araglegalcenter.com) (Then enter Access Code: 14822ret)

**Member Services** 1-800-247-4184

**Claims Address** 400 Locust Street, Suite 480, Des Moines, IA 50309

## LANL Benefits Office

**Member Services** 505-667-1806; 1-800-667-1806

**Email address** [benefits@lanl.gov](mailto:benefits@lanl.gov)

## Social Security Office for Medicare Information

**Customer Services** 1-800-772-1213

**Website** [www.ssa.gov](http://www.ssa.gov)

